

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

September 9, 1998

COUNTY FISCAL LETTER (CFL) NO. 98/99-20

TO: COUNTY WELFARE DIRECTORS
COUNTY FISCAL OFFICERS
COUNTY AUDITOR CONTROLLERS
COUNTY PROBATION OFFICERS

SUBJECT: ASSISTANCE CLAIM INSTRUCTIONS FOR IMPLEMENTATION OF THE
PAOLI VS. ANDERSON LAWSUIT

REFERENCES: ALL-COUNTY LETTER (ACLs) NOS. 97-59, DATED OCTOBER 14, 1997;
97-63, DATED NOVEMBER 7, 1997; 98-18, DATED MARCH 16, 1998, 98-55,
DATED JULY 27, 1998, AND ALL-COUNTY INFORMATION NOTICE
(ACIN) NO. I-44-98, DATED AUGUST 6, 1998

The above-referenced ACLs and ACIN provided counties with information and instructions on the requirements of the Paoli vs. Anderson court case. Effective November 1, 1996, the Paoli court order eliminated the lump sum rule that established a period of ineligibility for families receiving lump sum income. As a result of the Paoli court ruling, affected AFDC/CalWORKs cases assigned Aid Codes 30, 35, 3P, or 3R may receive a retroactive payment. The effective retroactive benefit period is from November 1, 1996.

As mandated by the court order, cases that are off aid at the time the corrective underpayment is made shall receive an additional payment of simple interest at seven (7) percent. Payment of simple interest does not apply to cases that are on aid at the time the corrective underpayment is made. The normal sharing ratios (federal/state/county) for the month in which the retroactive payments are made shall be applied to the underpayment amount for both active and inactive cases. However, since federal participation is not allowable for interest costs, the interest portion must be claimed as a state/county cost.

As indicated in ACL No. 98-55 and ACIN No. I-44-98, we are providing the following assistance claiming instructions for Paoli vs. Anderson costs. A separate CA 800 (FED) should be used for claiming purposes. Counties should identify the Paoli vs. Anderson court case at the top of the claim. When preparing Paoli vs. Anderson claims, please manually modify the existing CA 800 (FED) as shown in the enclosed sample.

Specific instructions are as follows:

- Identify the claim form as for the **Paoli v. Anderson** court case at the top of the form.
- Line 1A through Line 3A: **DO NOT** enter any amounts.
- Line 4A, Prior Month Supplemental Payroll: Enter the total retroactive payments, **INCLUDING INTEREST**, made for **ALL CASES (active and inactive)** as a result of Paoli v. Anderson.
- Line 5A: **DO NOT** enter any amount.
- Line 6A: Enter the subtotal amount.
- Line 7A, Amount Payable with State and County Funds Only: Enter the interest portion of the payment for **INACTIVE CASES** as a result of Paoli v. Anderson.
- Line 8B: Enter Federal share $[(\text{Lines } 6A - 7A) \times \text{current FFP Ratio}]$.
- Lines 9A through 19B: **DO NOT** enter any amounts.
- Line 20A: Enter total aid payments (Line 6A).
- Line 20B: Enter Federal share (Line 8B).
- Line 20C: Enter amount payable with State and county funds only (Line 7A).
- Line 20D: Enter the total State share $[(20A - 20C) \times \text{current State \%}] + (20C \times 95\%)$.
- Line 20E: Enter the total county share $[(20A - 20C) \times \text{current county \%}] + (20C \times 5\%)$.
- Line 20F: Enter amount countable towards TANF MOE $[(20D + 20E)]$.

If you any questions regarding these instructions, please contact your Fiscal Policy Analyst at (916) 657-3440.

***Original Document Signed By
George E. Peacher, Jr. on 9/8/98***

GEORGE E. PEACHER, Chief
Fiscal Systems and Accounting Branch

Enclosure

c: CWDA

For State Use: ☐ DSS ☐ County Welfare ☐ County Auditor

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY
KIDS (CalWORKs) - FEDERAL**
(Instructions on Reverse Side of Form)

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ Family Group (FG) ☐ Unemployed (U)**AID PAYMENTS****SOURCE DOCUMENT**

(A)

CURRENT MONTH

1. Main Payroll
2. Current Month Supplemental
3. Current Month Cancellation
4. Prior Month Supplemental Payroll
5. Current Month Adjustment
6. Subtotal
7. Amount Payable with State and County Funds Only
8. Federal Share [(6A - 7A) x Current FFP Ratio]

PRIOR MONTH NEGATIVES

9. Prior Month Cancellation
10. Recoveries of Aid
11. Prior Month Negative Adjustments
12. Subtotal
13. Amount Payable with State and County Funds Only
14. Federal Share [(12A - 13A) x Current FFP Ratio]

PRIOR MONTH POSITIVES

15. Prior Month Positive Adjustments
16. Amount Payable with State and County Funds Only
17. Federal Share [(15A - 16A) x Current FFP Ratio]

STATE ONLY FUNDS

18. Total Number of Federal Assistance Units
19. Total amount Payable by State Funds Only
(18A x \$1.00)

20. GRAND TOTALS

A. Total Aid Payments (6A) + (7A) + (12A) + (15A) (6A)	B. Federal Share (8B) + (14B) + (17B) (8B)	C. State and County Only Funds (7A) + (13A) + (16A) (7A)	D. State Share [(20A - 20C) x Current State %] + (20C x .95) - (19B) (19B)	E. County Share [(20A - 20C) x Current County %] + (20C x .05) - (19B) (19B)	F. Countable TANF MOE (20D + 20E)

Certification and Signatures

I hereby certify under penalty of perjury that I am the official responsible for the administration of the California Work Opportunity And Responsibility To Kids (CalWORKs) in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the California Work Opportunity And Responsibility To Kids (CalWORKs) made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE